

Application for Certificate of Title



IMPORTANT: All vehicles and vessels not currently titled in Idaho must have an **inspection completed by a peace officer**

THIS APPLICATION MUST BE TYPED AND IS NOT A CERTIFICATE OF TITLE

BRANDS: ☐ Reconstruct ☐ Repaired ☐ Other _____

SECTION 1 VEHICLE/VESSEL DESCRIPTION	Previous Idaho Title No.		1st Vehicle or Hull Identification No.			
			2nd Vehicle Identification No.			
	Year	Make	Body Type		Model	
	Description		Color (Primary/Secondary)		Fuel Type	
	Weight	Length	Width	Hull Material	Horsepower	Propulsion
	Odometer Reading (no tenths)		Odometer Status <input type="checkbox"/> Actual <input type="checkbox"/> In Excess <input type="checkbox"/> Not Actual <input type="checkbox"/> No Device		Odometer Reading Date	
	Previous State		Previous State Brand		Previous State Title No.	

SECTION 5 SALES INFORMATION	Idaho Sales Permit No. (required for leasing companies)		Purchase Date	
	<input type="checkbox"/> Lease (No Tax Due) <input type="checkbox"/> Tax Exempt Sale (Enclose Tax Form)			
	Gross Sales Price.....\$		•	
	Rebate (Dealer Sales Only).....\$		•	
	Trade-In Allowance (Dealer Sales Only).....\$		•	
	Adjusted Gross Sales Price.....\$		•	
	Net Idaho Sales Tax Due.....\$		•	
	Net Idaho Sales Tax Collected by Seller.....\$		•	
	TRADE-IN INFORMATION For Tax Purposes, Trade-Ins are Allowed on Dealer Retail Sales Only			
	Year	Make	Body Type	Model
Vehicle Identification No. (VIN)				

SECTION 2 PURCHASER - OWNER	Name of Owner #1 (Last, First, Initial)		<input type="checkbox"/> Or <input type="checkbox"/> And	<input type="checkbox"/> LSR <input type="checkbox"/> DBA
	Name of Owner #2 (Last, First, Initial)		<input type="checkbox"/> Or <input type="checkbox"/> And	<input type="checkbox"/> LSE <input type="checkbox"/> DBA
	Name of Owner #3 (Last, First, Initial)			
	Owner # 1 Residence (Street Address, Apartment Number, Mailing Address)			
	City	State	Zip+4	

SECTION 6 COMPANY SIGNATURE	Company Name		
	Company Address		
	I certify that all information on this application is correct and that I have witnessed the signature(s) of the person(s) signing this application.		
	Authorized Signature		
	X		
Title documents will be mailed to the county office located in _____ (City)			
Title	Phone No.	Date	
()			

SECTION 3 LIENHOLDER(S)	Primary Lienholder Name		
	Mailing Address		
	City	State	Zip+4
	Lien Creation Date	Time	
	Secondary Lienholder Name		
City	State	Zip+4	

SECTION 7 FEES PAID	Title Fee\$	8.00
	\$15.00 Rush Fee (Optional).....\$	•
	TOTAL COLLECTED \$	

SECTION 4 APPLICANT SIGNATURE	I, the undersigned, certify that the vehicle/vessel described above is owned by me and this vehicle/vessel will not be the subject of a lien prior to receipt of the title unless indicated in Section 3. I further certify that all information contained herein is true and correct to the best of my knowledge and belief. I hereby make application for a Certificate of Title for said motor vehicle/vessel. The signature below is my true and legal signature.		
	X	Daytime Phone	Date
	X	Daytime Phone	Date